Natural Disaster Emergency Designation and

Authorization for an Exception to the Biweekly Maximum Earnings Limitation

Part 1. Natural Disaster Emergency Designation

(to be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

a. Designation	n:	0
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A natural disaster emergency, involving a direct threat to life or property, is in effect.

Region(s)/Office(s) Region 6, Dallas, Texas

Type of natural disaster: Grace Sierra and Texas Vermiculite Asbestos Site

Location(s): Hope, Arkansas and Burnet, Texas

Date emergency began: 07/09/2017

EPA employees will be required to work extensive overtime hours to resolve this emergency. I therefore request approval of an exception to the biweekly maximum earnings limitation. This exception should remain in effect until I notify the Human Resource Officer that the emergency has concluded, by completing Part 3 of this form.

The exception will apply to the employees listed in Part 1b below. These employees are performing work directly related to resolving the emergency. As the emergency continues, I may add employees to the list by notifying the Human Resource Officer.

by Gerra McDanald (signature)

9/8/17 (date)

Acting Regional Administrator, Region 6
(title)

b. Employees for whom the exception is requested: (attach a separate sheet if necessary)

Name	Employee SSW ID number	
Mike McAteer Pratistha Adams	00012408	

(After completing Part 1, forward this form to the Human Resource Officer. Retain a copy to be attached when completing Part 3 at the conclusion of the emergency.)

Part 2. Authorization for Exception to the Biweekly Maximum Earnings Limitation

(to be completed by the Human Resource Officer)

	I authorize an exception to the biweekly earnings limitation for the employees listed in Part
1b.	This exception is authorized according to the provisions of 5 CFR 550.106(a). The exception will
rem	nain in effect until I notify Financial Management Division by completing Part 4 of this form.
I CII	iam in effect until I notify I maneiar wanagement Division by completing I art 4 of this form.

Effective date of the exception:	
(Beginning of the pay period during whi	ich the emergency began)
(Discoura)	(Date)
(Signature)	(Date)
(Send to Financial Management Division, Headquarters Account 226. Retain a copy of this form to be attached when completing	
Part 3. Notification of Conclusion of Natur (to be signed by the Administrator, Assistant Administrator, Asso or his/her designed)	
I certify that the natural disaster emergency in Region which began on 07/09/17 at AR and TX has commaximum earnings limitation, now in effect for the employer	oncluded. The exception to the biweely
(Signature)	Termination of the exception to the
Acting Regional Administrator, Region 6 (Title)	The state of the s
notifying the Human Resource Officer.	(Date of conclusion of the emergency)
(Date) Forward this form to the Human Resource Officer. Attach copy	of Part 1h)
Part 4. Authorization for Termination of Examination of Examination (to be completed by the Human Resource Officer) I authorize the termination of the exception to the birently in effect for the employees listed in Part 1b. The biw	weekly earnings limitation that is cur-
Effective date of the termination: (End of the pay period during which the	emergency concluded.)
	emergency concluded.) (Date)

Request for Exception to the Biweekly Maximum Earnings Limitation

Instructions: Parts 1, 2 and 3 will be completed by the Regional Administrator, Assistant Administrator, Associate Administrator or his/her designee. For emergencies affecting more than one Region or Headquarters Office, the Director, Emergency Response Division, OSWER, will coordinate completion of this form, with input from all affected Regions or Headquarters Offices.

Parts 1 and 2 will be detached from this form and used as an attachment to a memorandum from the Director, OHRM, to the Office of Personnel Management (OPM) when requesting approval of an exception. After Parts 1 and 2 are detached, a copy should be retained by the Director, OHRM, to be attached to Parts 4 and 5 when he/she complete those parts of the form.

Parts 3, 4, and 5 are for EPA's internal use after receipt of approval from OPM of an exception.

Part 1. Description of the Emergency

Type of emergency:

Assess the health and environmental impacts of vermiculite ore, contaminated with Libby amphibole asbestos. Adequately assess any potential health or environmental impacts. If necessary, the excavation of contaminated soil to as much as two feet below ground surface.

Nature and extent of threat to life and property: b.

Taking of response action to mitigate any threat ot human health and/or the environment at the property, including site stabilization and mitigation activities

C.	Location:		
	Region(s)/Office(s)_Region 6-	Dallas	
	State(s): Arkansas and Te	xas	
d.	Date emergency began:	07/09/2017	_
e.	Estimated duration of emergency:	4	weeks.
	No I imiesia Dec		Page A.A.1

Part 2. Employees Covered by the Exception

Estimated number of employees performing work directly related to resolving the emergency:

Estimated average number of overtime hours worked per pay period: 25

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Types of work being performed:

EPA is currently planning to conduct soil and air sampling (Activity Based Sampling) at the Site in July of 2017. This sampling is being conducted in response to an Agency-wide initiative to investigate current and former vermiculite facilities that received (or may have received in this case) vermiculite ore from the W.R. Grace vermiculite mine in Libby, Montana

Part 3. List of Employees

(Attach a separate sheet if more space is needed.)

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Part 4. Authorization of Exception to Biweekly Limitation on Earnings (To be signed by the Director, OHRM. Attach a copy of the memorandum from OPM approving the exception.)

In accordance with the Office of Personnel Management's approval, I authorize an exception to the biweekly limitation on earnings for the employees listed in Part 3. This exception will be in effect until any termination date that may be specified by OPM, or until I authorize termination by completing Part 5 of this form.

completing Part 5 of this form.	
Effective date of exception:	
(Signature)	(Date)
(Title)	
(Send to Financial Management Division, Headquarters Ac 226. Retain a copy to be used for completing Part 5 when o	
Part 5. Authorization to Terminate Exc	eption to the Biweekly Limitation
on Earnings (To be signed by the Director, OHI	RM)
I authorize termination of the exception to the listed in Part 3.	biweekly earnings limitation for the employees
Effective date of termination of excepti	ion:
(Signature)	(Date)
(Title)	
(Send to Financial Management Division, Headquarters Ac	Counting Operations Branch Payroll Section PM.

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Interim Policy on Limitations on Pay



CC:

James McDonald Corey Bonnell

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6 1445 ROSS AVENUE, SUITE 1200 DALLAS, TEXAS 75202 – 2733

1-2 JUL -2017

MEMORANDUM

SUBJECT:	Pay Cap Waiver for Grace Sierra and T	Γexas Vermiculite Asbestos Sites		
FROM:	Craig Carroll, Chief Chief Emergency Management Branch (6SF-	-Е)		
THRU:	Carl Edlund, P.E., Director Superfund Division (6SF)			
TO:	Samuel Coleman, P.E. Acting Regional Administrator			
		weekly salary limitation on earnings for the Grace in Hope, Arkansas and Burnet, Texas respectively.		
EPA Region 6 On-Scene Coordinators (OSCs) will be providing oversight of the removal assessment activities including Activity Based Sampling (ABS) efforts during July 2017. Personnel involved in the response that require the lifting of the bi-weekly salary cap includes EPA Region 6 OSCs Mike McAteer and Pratistha Adams. The assessments will be conducted over approximately 10 days, including one weekend (Saturday and Sunday). Weekend work is being done at the request of the owner of the active facility (Grace Sierra) who has agreed to close his business down for 3 days (Thursday night thru Sunday night). This will require work periods of at least 12 or 14 hour days in order to complete the assessment at the Grace Sierra facility inside the restricted timeframe. Both OSCs will work staggered hours so that neither OSC is spending more than 10 to 12 hours per day onsite. The OSCs will oversee EPA contractors and coordinate with local citizens and officials. They will be required to work beyond their normal work schedule to complete this sampling effort. Assessment activities began during the pay period of July 9, 2017, and are expected to be concluded by August 5, 2017. Attached is a list of the personnel for this bi-weekly pay cap waiver.				
If you have any questions concerning the request, please contact Craig Carroll at (214) 665-2220. Approved In Jan McDoold Date 9 1/2				
Disapproved_	D	Date		
Attachment				

Hope Metals Site List of Employe© for Pay Cap Waiver as of July 9, 2017

				PAY CAP	PAY CAP
	ORG			LIFT	RESTORE
REGION	CODE	EMPLOYEE	EMPLID	DATE	DATE
Region 6	VBBA0000	Mike McAteer	00012408	07/09/2017	08/06/2017
Region 6	VBBA0000	Pratistha Adams	02332307	07/09/2017	08/06/2017